

1367

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth St Johns

County Apache

No.

St.

(Registration District)

SEX OF CHILD*	Female	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH*	Jan 26	1919		
	(Month)	(Day)	(Year)	
FULL NAME	FATHER Archibald Isaacson			
FULL MAID NAME	MOTHER Myrtle Whiting			

I HEREBY CERTIFY that the child described
herein has been named

Fernith Isaacson

(Give name in full)

(Surname)

Myrtle H. Isaacson
(Parent's Signature)

(Signature of Physician or Midwife)

*Items to be entered by the local registrar before giving out this form.

Supplemental reports of birth may be obtained from the local registrar.
Bower Co.

695-126-467